

PTO/SB/17 (10-07)
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| Under the Lapanas Reductio                                                                                                                                                                                                                                                                                        | ed to respond to a co                                        |                           |                         |               | OMB control nun          |                 |                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------|-------------------------|---------------|--------------------------|-----------------|-----------------|--|
| Effective on 12/0                                                                                                                                                                                                                                                                                                 | Complete if Known  Application Number 10/829,370-Conf. #7092 |                           |                         |               |                          |                 |                 |  |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).                                                                                                                                                                                                                                           |                                                              |                           |                         |               | April 22, 2004           |                 |                 |  |
| FEE TRANSMITTAL                                                                                                                                                                                                                                                                                                   |                                                              |                           |                         |               | Houman POURNASSEH        |                 |                 |  |
| For FY 2008                                                                                                                                                                                                                                                                                                       |                                                              |                           |                         |               | Anil Khatri              |                 |                 |  |
| Applicant claims small entity status. See 37 CFR 1.27                                                                                                                                                                                                                                                             |                                                              |                           |                         |               | 2191                     |                 |                 |  |
| TOTAL AMOUNT OF PAYMENT (\$) 460.00                                                                                                                                                                                                                                                                               |                                                              | Attorney Docket No. 5     |                         | 5486-0210PUS1 |                          |                 |                 |  |
| METHOD OF PAYMENT (check all that apply)                                                                                                                                                                                                                                                                          |                                                              |                           |                         |               |                          |                 |                 |  |
| Check Credit Card Money Order None Other (please identify):                                                                                                                                                                                                                                                       |                                                              |                           |                         |               |                          |                 |                 |  |
| x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch,                                                                                                                                                                                                          |                                                              |                           |                         |               |                          |                 |                 |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                                                                                                                                                                                                            |                                                              |                           |                         |               |                          |                 |                 |  |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee                                                                                                                                                                                                                          |                                                              |                           |                         |               |                          |                 |                 |  |
| X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17                                                                                                                                                                                                                              |                                                              |                           |                         |               |                          |                 |                 |  |
| FEE CALCULATION                                                                                                                                                                                                                                                                                                   |                                                              |                           |                         |               |                          |                 |                 |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES                                                                                                                                                                                                                                                                     |                                                              |                           |                         |               |                          |                 |                 |  |
| FILING FEES SEARCH FEES EXAMINATION FEES                                                                                                                                                                                                                                                                          |                                                              |                           |                         |               |                          |                 |                 |  |
| Application Type Fee                                                                                                                                                                                                                                                                                              | Small Entity (\$) Fee (\$)                                   | Fee (\$                   | Small Entity ) Fee (\$) | Fee (\$)      | Small Entity<br>Fee (\$) | Fees P          | aid (\$)        |  |
| Utility 31                                                                                                                                                                                                                                                                                                        | 155                                                          | 510                       | 255                     | 210           | 105                      |                 |                 |  |
| Design 21                                                                                                                                                                                                                                                                                                         | 0 105                                                        | 100                       | 50                      | 130           | 65                       |                 |                 |  |
| Plant 21                                                                                                                                                                                                                                                                                                          | 0 105                                                        | 310                       | 155                     | 160           | 80                       |                 |                 |  |
| Reissue 31                                                                                                                                                                                                                                                                                                        | 155                                                          | 510                       | 255                     | 620           | 310                      |                 |                 |  |
| Provisional 21                                                                                                                                                                                                                                                                                                    | 105                                                          | 0                         | 0                       | 0             | 0                        |                 |                 |  |
| 2. EXCESS CLAIM FEES Small Entity                                                                                                                                                                                                                                                                                 |                                                              |                           |                         |               |                          |                 |                 |  |
| <u>Fee Description</u>                                                                                                                                                                                                                                                                                            |                                                              |                           |                         |               |                          | <u>Fee (\$)</u> | <u>Fee (\$)</u> |  |
| Each claim over 20 (including Reissues)                                                                                                                                                                                                                                                                           |                                                              |                           |                         |               |                          | 50              | 25              |  |
| Each independent claim over 3 (including Reissues)                                                                                                                                                                                                                                                                |                                                              |                           |                         |               |                          | 210             | 105             |  |
| Multiple dependent claims  Total Claims                                                                                                                                                                                                                                                                           |                                                              |                           |                         |               |                          | 370             | 185             |  |
| Total Claims Extra Claims                                                                                                                                                                                                                                                                                         | Paid (\$)                                                    | Multiple Dependent Claims |                         |               |                          |                 |                 |  |
| HP = highest number of total claims paid for, if greater than 20.                                                                                                                                                                                                                                                 |                                                              |                           |                         |               | ee (\$)                  | Fee Paid (\$    |                 |  |
| Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)                                                                                                                                                                                                                                                                 |                                                              |                           |                         |               |                          |                 |                 |  |
| 3 -= x =                                                                                                                                                                                                                                                                                                          |                                                              |                           |                         |               |                          |                 |                 |  |
| HP = highest number of independent claims paid for, if greater than 3.                                                                                                                                                                                                                                            |                                                              |                           |                         |               |                          |                 |                 |  |
| 3. APPLICATION SIZE FEE                                                                                                                                                                                                                                                                                           |                                                              |                           |                         |               |                          |                 |                 |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                                              |                           |                         |               |                          |                 |                 |  |
| Total Sheets                                                                                                                                                                                                                                                                                                      |                                                              |                           |                         |               |                          |                 |                 |  |
| 100 = /50 = (round up to a whole number) x =<br>4. OTHER FEE(S) Fees Paid (\$)                                                                                                                                                                                                                                    |                                                              |                           |                         |               |                          |                 |                 |  |
| Non-English Specification, \$130 fee (no small entity discount)                                                                                                                                                                                                                                                   |                                                              |                           |                         |               |                          |                 |                 |  |
| Other (e.g., late filing surcharge): 1252 Extension for response within second month 460.00                                                                                                                                                                                                                       |                                                              |                           |                         |               |                          |                 |                 |  |
| SUBMITTED BY GRANITATION NO.                                                                                                                                                                                                                                                                                      |                                                              |                           |                         |               |                          |                 |                 |  |
| Signature Registration No. (Attorney/Agent) 29,680 Telephone (703) 205-8000                                                                                                                                                                                                                                       |                                                              |                           |                         |               |                          | 5-8000          |                 |  |
| Name (Print/Type) Michael K. Mutter WILLIAM TITUOMD Date November 2, 2007                                                                                                                                                                                                                                         |                                                              |                           |                         |               |                          |                 | 2, 2007         |  |
|                                                                                                                                                                                                                                                                                                                   |                                                              |                           |                         |               |                          |                 |                 |  |